In the Ofi Secretary of Sa

ARTICLES OF INCORPORATION

FOR

DEC 0 6 1994

GUSTAVO JIMENEZ, INC.

Corporations accura...

ARTICLE ONE

The name of the Corporation is GUSTAVO JIMENEZ, INC.

ARTICLE TWO

The period of its duration is perpetual.

ARTICLE THREE

The purpose or purposes for which the Corporation is organized are:

- To operate a transportation business with its principal office in El Paso County, Texas.
- 2. In general, to have and exercise all the powers conferred by the laws of Texas upon corporations formed under the Texas Business Corporation Act.

ARTICLE FOUR

The aggregate number of shares which the Corporation shall have the authority to issue is One Hundred Thousand (100,000) of the par value of One Dollar (\$1.00) per share.

ARTICLE FIVE

The Corporation will not commence business until it has received from the issuance of its shares consideration of the value of One Thousand Dollars (\$1,000.00), consisting of money paid, labor done or property actually received.

ARTICLE SIX

The Corporation may purchase, without approval of its Shareholders, its own shares, to the extent of the aggregate of its unrestricted capital surplus available therefor.

ARTICLE SEVEN

The initial registered office is 915 Loma Verde Drive, El Paso, Texas 79936, and the name of its Registered Agent located at said office is GUSTAVO JIMENEZ.

ARTICLE EIGHT

The number of directors constituting the initial Board of Directors is one (1), and the name and address of the person who will serve as Director until the first Annual Meeting of Shareholders or until their successor is elected and qualified is:

GUSTAVO JIMENEZ, 915 Loma Verde Drive, El Paso, Texas 79936

ARTICLE NINE

The name and address of the Incorporator is ANTONIO CORTEZ, 6044 Gateway East, Suite 901, El Paso, Texas 79905.

ARTICLE TEN

To the extent permitted by Texas Business Corporation Act Article 2.02 -- 1, the Board of Directors shall authorize the corporation to indemnify any present or former Director, officer, employee, or agent of the corporation against judgments, penalties (including excise and similar taxes), fines, settlements, and reasonable expenses actually incurred by the person in connection

with a proceeding in which the person was, is, or is threatened to be made a named defendant or respondent because the person is or was a Director, officer, employee, or agent of the corporation.

in Witness Whereof, I have hereunto set my hand this 9th day of November, 1994.

ANTONIO CORTEZ

Form **503** (Revised 09/13)

Return in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512 463-5709

Filing Fee: \$25



Assumed Name Certificate

This space reserved for office use.

In the Office of the Secretary of State of Texas

MAY 16 2014

Corporations Section

| • | Assu | med Name | • | | | |
|---|----------------|-------------------------------|--|--|--|--|
| 1. The assumed name under which the | he business | or professional service | ce is, or is to be, conducted or | | | |
| rendered is: Southwest Freightlines | | | | | | |
| | Entity | Information | | | | |
| 2. The legal name of the entity filing | the assume | ed name is: | | | | |
| Gustavo Jimenez, Inc | | | | | | |
| State the name of the entity as currently show if not filed with the secretary of state. | wn in the reco | ords of the secretary of sta | te or on its organizational documents, | | | |
| 3. The entity filing the assumed nam | e is a: (Selec | t the appropriate entity type | below.) | | | |
| ☐ For-profit Corporation | | Limited L | iability Company | | | |
| ☐ Nonprofit Corporation | | Limited Pa | artnership | | | |
| ☐ Professional Corporation | | · 🔲 Limited Li | ability Partnership | | | |
| Professional Association | | ☐ Cooperativ | ve Association | | | |
| Other | • | | | | | |
| | - · | | t, state bank, insurance company, etc. | | | |
| 4. The file number, if any, issued to | the entity b | y the secretary of stat | e is: 0133550600 | | | |
| 5. The state, country, or other jurisdi | ction of for | mation of the entity is | S: | | | |
| 6. The entity's principal office addre | ess is: | | , · | | | |
| 11991 Transpark Road | | | | | | |
| Street or Mailing Address | | | | | | |
| El Paso | TX | USA | 79927 | | | |
| City | State . | Country | Postal or Zip Code | | | |
| • | Period | of Duration | • | | | |
| ☐ 7a. The period during which the a with the secretary of state. ☐ 7b. The period during which the a with the secretary of state (not to exceed the secretary of state). | assumed na | me will be used is | • | | | |
| 7c. The assumed name will be us | sed until | mm/dd/yyyy | (not to exceed 10 years). | | | |

Case 1:23-mi-99999-UNA Document 785-4 Filed 03/13/23 Page 5 of 8 EXHIBIT D

County or Counties in which Assumed Name Used

| 8. The county or counties where business or professional services at rendered under the assumed name are: | re being or are to be conducted or |
|--|---|
| All counties | |
| All counties with the exception of the following counties: | |
| | |
| Only the following counties: | |
| | |
| Execution | |
| The undersigned signs this document subject to the penalties important materially false or fraudulent instrument and also certifies that the behalf of the identified entity. If the undersigned is acting in the carefully, the undersigned certifies that the entity has duly authorize execute this document. | e person is authorized to sign on |
| Date: 5-14-14 | |
| V | |
| Signature of a person a identified entiry (see in | uthorized by law to sign on behalf of the |

Comptroller of Public Accounts FORM (Rev.

05-102 (Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),

Professional Associations (PA) and Financial Institutions

| ■ Tax | nave | l r numl | | ode | 1 | 31 | 96 | Fran | chise | | Protes. | sional Assoc ■ Re | port y | , , | and | -inanc | iai institu | itions | | | | e. | | |
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| City | | | | EI | P | as | 0 | | | S | tate | TX | | | ZIF | code p | olus 4 79 | 937 | | O | 1335 | 5060 | 0 | |
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| Princi | pal o | office | 119 | 91 7 | Γr | an | spa | ark F | Roac | l, El | Paso | , TX, 79 | 927 | | | | | | | | | | | |
| Princi | pal p | lace o | busin 119 | ess 91 7 | Γr | ran | spa | ark F | Roac | I, EI | Paso | , TX, 79 | 927 | | | | | | | | | | | |
| ou m | iust i | report | office | r, dired | cto | or, n | nemi | ber, ge | neral | partne | er and n | nanager info | ormat | ion as | of th | e date | you com | plete this repoi | rt. | | | | | |
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| Name | 2 | | | | | | | | | | | Title | | | | | | Director YES | Term expiration | m on | m | d d | d y | у |
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| Name | of o | wned | paren | t) corp | or | ratio | n, LLO | C, LP, P/ | or fin | ancial | institutio | on | State of formation Texas SOS | | | | file number, if any Percentage of ownership | | | | | | | |
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| USDOT Number | □ MC/MX Number | Name |
|--------------|---------------------|------|
| Enter Value: | GUSTAVO JIMENEZ INC | |
| | Search | |

Company Snapshot

GUSTAVO JIMENEZ INC USDOT Number: 306537

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

Carriers: If you would like to update the following ID/Operations information, please complete and submit form MCS-150 which can be obtained online or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's DataQs system.

Other Information for this Carrier

- SMS Results
- ▼ <u>Licensing & Insurance</u>

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance then what is captured in the Company Snapshot. To obtain a CSP please visit the CSP order page or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to SAFER General Help.

The information below reflects the content of the FMCSA management information systems as of 03/12/2023.

To find out if this entity has a pending insurance cancellation, please click here.

| Entity Type: | CARRIER | | | | | | | | |
|---|--|--|------------------|--|--|--|--|--|--|
| Operating Status: | AUTHORIZED FOR Pro | perty | Out of Serv | vice Date: | None | | | | |
| <u>Legal Name:</u> | GUSTAVO JIMENEZ IN | С | | | | | | | |
| DBA Name: | SOUTHWEST FREIGH | SOUTHWEST FREIGHTLINES | | | | | | | |
| Physical Address: | 11991 TRANSPARK DE EL PASO, TX 79927 | 11991 TRANSPARK DR EL PASO, TX 79927 | | | | | | | |
| Phone: | (915) 860-8592 | (915) 860-8592 | | | | | | | |
| Mailing Address: | PO BOX 371736 EL PASO, TX 79937 | | | | | | | | |
| USDOT Number: | 306537 | | State Carrier ID | Number: | | | | | |
| MC/MX/FF Number(s): | MC-205285 | | DUNS | Number: | | | | | |
| Power Units: | 211 | | | Drivers: | 185 | | | | |
| MCS-150 Form Date: | 07/12/2022 | | MCS-150 Milea | ge (Year): | 20,466,839 (2021) | | | | |
| Operation Classification: | I | | | | <u> </u> | | | | |
| <u> </u> | | | | | | | | | |
| x Auth | n. For Hire | Priv. Pass.(| Non-business) | State G | ov't | | | | |
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| Priva Priva Carrier Operation: | ate(Property) | U.S. Mail | Only (HM) | Indian N | | | | | |
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| Priva Priva Carrier Operation: X Inte | ate(Property) Pass. (Business) erstate | U.S. Mail Fed. Gov't | | Indian N | Jation | | | | |
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ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

US Inspection results for 24 months prior to: 03/12/2023

TotaFINSDECTIONS: 321 Total IEP Inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to Inspections Help for further information.

| Inspection Type | Vehicle | Driver | Hazmat | IEP |
|--|---------|--------|--------|-----|
| Inspections | 199 | 321 | 0 | 0 |
| Out of Service | 22 | 1 | 0 | 0 |
| Out of Service % | 11.1% | 0.3% | % | 0% |
| Nat'l Average % as of DATE 02/24/2023* | 22.1% | 6.6% | 4.51% | N/A |

^{*}OOS rates calculated based on the most recent 24 months of inspection data per the latest monthly SAFER Snapshot.

Crashes reported to FMCSA by states for 24 months prior to: 03/12/2023

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

| | | Crashes: | | |
|---------|-------|----------|-----|-------|
| Туре | Fatal | Injury | Tow | Total |
| Crashes | 2 | 3 | 7 | 12 |

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

Canadian Inspection results for 24 months prior to: 03/12/2023

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to Inspections Help for further information.

| Inspections: | | | | | |
|------------------|---------|--------|--|--|--|
| Inspection Type | Vehicle | Driver | | | |
| Inspections | 0 | 0 | | | |
| Out of Service | 0 | 0 | | | |
| Out of Service % | 0% | 0% | | | |

Crashes results for 24 months prior to: 03/12/2023

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

| | | Crashes: | | |
|---------|-------|----------|-----|-------|
| Туре | Fatal | Injury | Tow | Total |
| Crashes | 0 | 0 | 0 | 0 |

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 03/12/2023

Review Information:

| Rating Date: | 11/17/2011 | Review Date: | 01/11/2016 |
|--------------|--------------|--------------|-------------|
| Rating: | Satisfactory | Type: | Non-Ratable |

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